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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600090057

1. Corporation Name BAINICHAALL INIC

Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90196 027 ***150.00

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Principal Plac	e of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		I SERVEDO (10 IBINE DIVIN DEVIN ASIVI DEVIN	0114 18141 08111 88181 I	D)((): 100() (00()
7148 NOB HILL ROAD 9840 N.W. 28 COURT					,		
TAMARAC FL 33321 CORAL SPRING FL 33065							
US					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed		
	N. of Duckness	n Moiling Address			11/01/1996 4. FEI Number		plied For
Principal Place of Business 2a. Mailing Address					<u> </u>	t Applicable	
21 26 Suite Apt # etc		26 Suite, Apt. #, etc			65-0707779	\$8.75 A	
-Suite, Apt. #, etc		27		5. Certifcate of Status Desired	Fee Re		
City & Stat	<u> </u>	City & State			6. Election Campaign Financing	\$5.00	May Be
23		28			Trust Fund Contribution	Added to	
Zip	Country	Zip	Country	·	8. This corporation owes the current year	r Intangible	
24	25	29 3	30		Personal Property Tax.		□No
	g. Name and Address of Currer	nt Registered Agent			10. Name and Address of New Register	red Agent	
			81	Name			
CHENG, KIN MING			82	Street Add	fress (P.O. Box Number is Not Acceptable)		
9840 N.W. 28 COURT		<u> </u>					
COH	RAL SPRING FL 33065		83				
			84	City		85 Zip C	Code
						▝▙▕▕	
		20 1007 1500 Florida Otatula				of changing ite	registered
office or s	to the provisions of Sections 607.050 registered agent, or both, in the State m familiar with, and accept the obliga	of Florida, Such change was aufi	norized by	the comorati	poration submits this statement for the purposition's board of directors. I hereby accept the ap	e of changing its oppointment as reg	registered gistered
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CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: